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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. 14133US02 | |
| | | First Inventor Prasad Boppana | |
| | | Title Method And System For Sales Process Configuration | |
| | | Express Mail Label No. EV 303831181 US | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) | | 7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix) | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | 8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary) | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 31] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure | | a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] | | ACCOMPANYING APPLICATION PARTS | |
| 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: | | | |
| Prior application information: | | Examiner: Group/Art Unit: | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 18. CORRESPONDENCE ADDRESS | | | |
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| | | or <input type="checkbox"/> Correspondence address below | |
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| Country | USA | Telephone | (312) 775-8000 |
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| Name (Print/type) | Christopher Winslade | Registration No. (Attorney/Agent) | 36,308 |
| Signature | | | Date: 11/18/03 |

 22154 U.S. PTO
 10/7/16289




16310 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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| FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision. | | Compleat if Kn wn | | |
| | | Application Number | Unassigned | |
| | | Filing Date | Herewith | |
| | | First Named Inventor | Prasad Boppana | |
| | | Examiner Name | Unassigned | |
| | | Group Art Unit | Unassigned | |
| TOTAL AMOUNT OF PAYMENT | | (S)968.00 | Attorney Docket No. | 14133US02 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|----------------------------|-----------------|----------|-------------|----------|------------------------|---------------|------------------------------|----------|-----------------------------------|---------------|--------------------|----------|---------------------------------------|---------------|----------|----------|---|---------------|----------|---------|---|---------------|---------------------|--|--|------------------|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing Fee</td><td><u>770.00</u></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing Fee</td><td><u> </u></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td><u> </u></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td><u> </u></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td><u> </u></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(S)770.00</td></tr></tbody></table> | | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 770 | 2001 385 | Utility filing Fee | <u>770.00</u> | 1002 340 | 2002 170 | Design filing Fee | <u> </u> | 1003 530 | 2003 265 | Plant filing fee | <u> </u> | 1004 770 | 2004 385 | Reissue filing fee | <u> </u> | 1005 160 | 2005 80 | Provisional filing fee | <u> </u> | SUBTOTAL (1) | | | (S)770.00 | | | | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 770 | 2001 385 | Utility filing Fee | <u>770.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 340 | 2002 170 | Design filing Fee | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 530 | 2003 265 | Plant filing fee | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 770 | 2004 385 | Reissue filing fee | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 160 | 2005 80 | Provisional filing fee | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | (S)770.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>31 - 20** =</td><td>11 x</td><td>18.00 =</td><td>198.00</td></tr><tr><td>Independent Claims 3 - 3** =</td><td>0 x</td><td> =</td><td> </td></tr><tr><td>Multiple Dependent</td><td> =</td><td> =</td><td> </td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 31 - 20** = | 11 x | 18.00 = | 198.00 | Independent Claims 3 - 3** = | 0 x | = | | Multiple Dependent | = | = | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 - 20** = | 11 x | 18.00 = | 198.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims 3 - 3** = | 0 x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | = | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 18 | 2202 18 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 86 | 2201 86 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 290 | 2203 290 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 86 | 2204 86 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 18 | 2205 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | (S)198.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|-------------------------|--------------------------------------|----------|-----------|----------------|
| SUBMITTED BY | | Complete (if applicable) | | | |
| Name (Print/Type) | Christopher C. Winslade | Registration No. (Attorney or Agent) | 36,308 | Telephone | (312) 775-8000 |
| Signature | | Date | 11/18/03 | | |

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